OHIO OPPORT Traffic Crash Report	Local Report Number *	loud on the Lawrence		
EDUCATION - SERVICE - PROTECTION Local Information	14-192	Crash Severity 1 - Fatal 2 - Injury 3 - Pholips		
Reporting Agency NCIC * Reporting Agency Name * □ OH-2 □ OH-1P State Property		Number of Unit in error		
OH-3 Other Dollar Amount 0 8 3 0 3 LEBANOI	V POLICE	0 1 98 - Animal 99 - Unknown		
County * City * City, Village, Township * City, Village * Township *	Crash Date * [0]6]0]4]2,0]	Time of Crash Day of Week		
Degrees / Minutes / Seconds	Decimal Degrees	14 0290 WED		
O / // Langitude O / //	Catitude 239, 437, 13, 4	Longitude		
	pes or Milepost ²	-[8,4],[2,0,2,6,9,1]		
Undivided S - Southbound W - Westbound AV - Ave BL - Bot	nue CT - Court HW - Highway PK - Parkway	PL - Place ST - Street WA - Way RD - Road TE - Terrace SQ - Square TL - Trail		
Location Route Number Route Type 1 Location Route Number Loc Prefix Location Road Name PLEA SANT	Location Road Type ² Route Types ¹ IR - Interstate Ri US - US Route SR - State Route	oute (inc. turnpike) CR - Numbered County Route TR - Numbered Township Route		
Distance From Reference Dir From Ref O Reference Route Number Ref Prefix N,S, E,W F Type 1 Dir From Ref N,S, E,W E,W Reference Route Number Ref Prefix N,S, E,W E,W Reference Route Number Ref Prefix N,S, E,W E,W Reference Route Number Ref Prefix N,S, E,W Reference Route Number Ref Prefix Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²		
2 - Mile Post 02 - Four-way Intersection 07 - On Ramp 12 -	Railway Grade Crossing Shared-Use Paths or Trails Unknown	cation of First Harmful Event 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside		
Road Contour 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level Road Conditions Primary Secondary 01 - Dry 02 - We 03 - Snc 04 - Ice	t 06 - Water (Standing, Moving) 10 - Other w 07 - Slush 99 - Unkn			
Manner of Crash Collision/Impact 1 - Not Collision Between Two Motor Vehicles In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown *Secondary Condition Only Weather 1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown				
Road Surface 1 - Concrete 4 - Slag, Gravel, 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other Stone 4 - Slag, Gravel, Stone 4 - Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Light	5 - Dark - Roadway Not Lighted 9 - U 6 - Dark - Unknown Roadway Lighting 7 - Glare* ted Roadway 8 - Other	nknown School Bus Related School Bus Related Yes, School Bus Directly Involved Related Yes, School Bus		
Work Zone Related Workers Present Law Enforcement Present (Officer/Vehicle) Law Enforcement Present (Officer/Vehicle Only) Work Zone Related Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median	ent or Moving Work Location of Crash in Work Zone 1 - Before the First Wo 2 - Advance Warning A 3 - Transition Area	rk Zone Warning Sign 4 - Activity Area		
Narrative	Diagram Diagram	'		
UNIT # 2 WAS PARKED IN FRONT	* NOT TO SCALE	Write an "N" on e compass diagram o indicate the direction		
OF 315 PLEASANT ST. FACING EAST.				
UNIT HI WAS BACKING OUT OF A				
NEARBY DRIVEWAY AND STRUCK				
UNIT #2. UNIT #1 LEFT THE				
SCENE OF THE CRASH.				
	_			
#2				
	PLEASANT ST. 315			
Report Taken By Supplement (Correction or Addition to an Existing Report Sent to ODPS) Supplement (Correction or Addition to an Existing Report Sent to ODPS)				
Date Crash Reported O 6 O 4 2 O 1 4	Time Time Cleared Other	Investigation Time Total Minutes		
Officer's Name *	Badge Number Checked By	2/ //		
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OHIO DOPAMINER OF PUBLIC SAFETY ELJCATION - SERVICE - PROTECTION	ST / NON-MOTORIST /	OCCUPANT LOCAL REPORT NUMBER	2
UNIT NUMBER NAME: LAST, FIRST, MIDDLE ADDRESS, CITY, STATE, ZIP	HEY, JUSTIN LEE	DATE OF BIRTH 0 3 2 2 1 9	AGE GENDER F - FEMALE M - MALE
226 N/A INJURIES INJURED TAKEN BY EMS AGENCY	GARA CT. LEBANON, C	04 45036 513	- 836 - 3332
OL STATE OPERATOR LICENSE NUMBER		99 MOTORCYCLE HELMET	G POSITION AIR BAG USAGE EJECTION TRAPPED
OFFENSE CHARGED (XLOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	TEST VALUE DRUG TEST STATUS DRUG TEST TYPE
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	RULES FOR BACKING	67179	HANDS-FREE DEVICE USED DRIVER DISTRACTED BY
Address, City, State, Zip		DATE OF BIRTH	AGE GENDER F - FEMALE M - MALE
INJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	I Company	POSITION AIR BAG USAGE EJECTION TRAPPED
OL STATE OPERATOR LICENSE NUMBER	OL CLASS No M/C CONDITION ALCOHOL/DRUG SU	JSPECTED ALCOHOL TEST STATUS ALCOHOL TEST TYPE ALCOHOL T	
OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY
INJURIES 1 - No INJURY / None Reported 1 - Not Tran	99 -	UNKNOWN SAFETY EQUIPMENT	DEVICE Used
1 - NO IMJURY NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL 1 - NOT TRAN TREATED A 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	O1 - NONE USED - VEHICLE OCCUPANT 05 -	CHILD RESTRAINT SYSTEM-FORWARD FACING CHILD RESTRAINT SYSTEM- REAR FACING DOOSTER SEAT HELMET USED NON-MOTORIST 09 - NONE U 10 - HELMET 11 - PROTECT (ELBOWS,	SED 12 - REFLECTIVE CLOTHING
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIOING ON VEHICLE EXTERIOR (Non-TRAILING UNIT) 15 - Non-Motorist 16 - Other 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION TRAPPED 1 - NOT EJECTED 1 - NOT TRAPPED 2 - TOTALLY EJECTED 2 - EXTRICATED BY MECHANICAL MEANS 4 - NOT APPLICABLE 3 - EXTRICATED BY NON-MECHANICAL M			ALCOHOL/DRUG SUSPECTED
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN UNIT NUMBER NAME: LAST, FIRST, MIDDLE	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST GIVEN, CONTAMINATED SAMPLE/UNU 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 2 - PHONE 3 - URINE 4 - OTHER DRIVER DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD.)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION DEVICE
UNIT NUMBER NAME: LAST, FIRST, MIDDLE Address, City, State, Zip		DATE OF BIRTH CONTACT PHONE- IN	AGE GENDER F - FEMALE M - MALE
INJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMPLIANT SEATING PO	SITION AIR BAG USAGE EJECTION TRAPPED
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		MOTORCYCLE HELMET DATE OF BIRTH	AGE GENDER
Address, City, State, Zip		CONTACT PHONE- INC	F - FEMALE M - MALE
INJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMPLIANT SEATING POS	SITION AIR BAG USAGE EJECTION TRAPPED
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